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Spermatocele

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Diagnosis

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To diagnose a spermatocele, you'll need a physical exam. Although a spermatocele generally isn't painful, you might feel discomfort when your doctor examines (palpates) the mass.

You might also undergo the following diagnostic tests:

- **Transillumination.** Your doctor might shine a light through your scrotum. With a spermatocele, the light will indicate that the mass is fluid-filled rather than solid.
- **Ultrasound.** If transillumination doesn't clearly indicate a cyst, an ultrasound can help determine what else it might be. This test, which uses high-frequency sound waves to create images of structures, might be used to rule out a testicular tumor or other cause of scrotal swelling.

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Treatment

Although your spermatocele probably won't go away on its own, most spermatoceles don't need treatment. They generally don't cause pain or complications. If yours is painful, your doctor might recommend over-the-counter pain medications, such as acetaminophen (Tylenol, others) or ibuprofen (Advil, Motrin IB, others).

Surgical treatment

A procedure called a spermatocelectomy generally is performed on an outpatient basis, using a local or general anesthetic. The surgeon makes an incision in the scrotum and separates the spermatocele from the epididymis.

After surgery, you might need to wear a gauze-filled athletic supporter to apply pressure to and protect the site of the incision. Your doctor might also tell you to:

- Apply ice packs for two or three days to keep swelling down
- Take oral pain medications for a day or two
- Return for a follow-up exam between one and three weeks after surgery

Possible complications from surgical removal that might affect fertility include damage to the epididymis or to the tube that transports sperm (vas deferens). It's also possible that a spermatocele might come back, even after surgery.

Aspiration, with or without sclerotherapy

Other treatments include aspiration and sclerotherapy, though these are rarely used. During aspiration, a special needle is inserted into the spermatocele and fluid is removed (aspirated).

If the spermatocele recurs, your doctor might recommend aspirating the fluid again and then injecting an irritating chemical into the sac (sclerotherapy). The irritating agent causes the spermatocele sac to scar, which takes up the space the fluid occupied and lowers the risk of the spermatocele coming back.

Damage to the epididymis is a possible complication of sclerotherapy. It's also possible that your spermatocele might come back.

Protecting your fertility

Surgery can potentially cause damage to the epididymis or the vas deferens, and sclerotherapy might damage the epididymis, which can affect fertility. Because of this concern, these procedures might be delayed until you're done having children. If the spermatocele is causing so much discomfort that you don't want to wait, talk with your doctor about the risks and benefits of sperm banking.

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Preparing for your appointment

You're likely to start by first seeing your family doctor or a general practitioner. However, you might then be referred to a doctor who specializes in treating the urinary tract and sex organs in men (urologist).

Because appointments can be brief, and there's often a lot to remember, it's a good idea to arrive well-prepared. Here's some information to help you get ready for your appointment and know what to expect from your doctor.

What you can do

- **Write down any symptoms you're experiencing**, including any that might seem unrelated to the reason for which you scheduled the appointment.
- **Write down key personal information**, including any testicular injuries.
- **Write down questions to ask** your doctor.

Your time with your doctor is often limited, so preparing a list of questions can help you make the most of your time together. For spermatocele, some basic questions to ask your doctor include:

- What's the most likely cause of my symptoms?
- What kinds of tests do I need? Do these tests require any special preparation?
- Is this condition temporary or long lasting?
- Will spermatocele affect my ability to have sex?
- Will this condition affect my fertility?
- Do I need treatment?
- What treatments are available, and which do you recommend?
- What types of side effects can I expect from treatment?
- How long after surgery do I need to wait before returning to normal activities?

- How long after surgery do I need to wait before resuming sexual activity?
- Are there any brochures or other printed material that I can take home with me? What websites do you recommend visiting?

In addition to the questions that you've prepared to ask your doctor, don't hesitate to ask additional questions during your appointment.

What to expect from your doctor

Your doctor is likely to ask you a number of questions. Being ready to answer them might reserve time to go over any points you want to spend more time on. Your doctor might ask:

- What types of symptoms are you experiencing?
- How often are you having symptoms?
- How long ago did your symptoms begin?
- How severe are your symptoms?
- Does anything seem to improve your symptoms?
- What, if anything, appears to worsen your symptoms?
- Have you experienced any trauma to your scrotal area?

What you can do in the meantime

If the spermatocele is causing pain, most people can safely take over-the-counter pain medications, such as acetaminophen (Tylenol, others) or ibuprofen (Advil, Motrin IB, others), to ease the discomfort.

By Mayo Clinic Staff

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